

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

Cheryl J Ramey

Debtor(s)

Case No. 16 B 07779

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/07/2016.
- 2) The plan was confirmed on 05/17/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 01/10/2017.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 08/15/2016, 11/15/2016, 03/20/2017, 04/18/2017, 07/16/2018.
- 5) The case was Dismissed on 07/31/2018.
- 6) Number of months from filing to last payment: 15.
- 7) Number of months case was pending: 31.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$3,668.17
Less amount refunded to debtor	\$0.00

NET RECEIPTS: **\$3,668.17**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$3,506.40
Court Costs	\$0.00
Trustee Expenses & Compensation	\$161.77
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$3,668.17**

Attorney fees paid and disclosed by debtor: \$375.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Ad Astra Recovery	Unsecured	798.01	NA	NA	0.00	0.00
Advance Paycheck	Unsecured	400.00	NA	NA	0.00	0.00
Advocate Lutheran General Hospital	Unsecured	7,828.00	NA	NA	0.00	0.00
Advocate Lutheran General Hospital	Unsecured	21,604.00	NA	NA	0.00	0.00
Advocate Medical Croup	Unsecured	2,062.00	NA	NA	0.00	0.00
Alexander & Associates	Unsecured	5,000.00	NA	NA	0.00	0.00
Alliance Laboratory Physicians	Unsecured	226.30	NA	NA	0.00	0.00
Alliance Laboratory Physicians	Unsecured	47.30	NA	NA	0.00	0.00
Americredit Financial Ser Inc	Unsecured	17,262.00	12,738.09	12,738.09	0.00	0.00
Armor Systems Corporation	Unsecured	60.00	NA	NA	0.00	0.00
Armor Systems Corporation	Unsecured	58.00	NA	NA	0.00	0.00
Arnold Scott Harris P.C.	Unsecured	501.70	NA	NA	0.00	0.00
Blatt Hasenmiller Leibsker & Moore LLC	Unsecured	2,480.25	NA	NA	0.00	0.00
Cavalry SPV I LLC	Unsecured	0.00	3,923.91	3,923.91	0.00	0.00
Chase Bank	Unsecured	1,330.83	NA	NA	0.00	0.00
Check N Go	Unsecured	3,881.64	NA	NA	0.00	0.00
City of Chicago Department of Revenue	Unsecured	2,718.00	5,568.00	5,568.00	0.00	0.00
GM Financial	Unsecured	13,422.26	NA	NA	0.00	0.00
ICS	Unsecured	40.00	NA	NA	0.00	0.00
Illinois Collection Service	Unsecured	3,656.00	NA	NA	0.00	0.00
Illinois Tollway	Unsecured	4,020.50	5,145.20	5,145.20	0.00	0.00
Illinois Tollway	Unsecured	429.80	NA	NA	0.00	0.00
Jan Stankiewicz	Unsecured	8,220.00	NA	NA	0.00	0.00
Lutheran General Hospital	Unsecured	6,000.00	NA	NA	0.00	0.00
Mcsi Inc	Unsecured	250.00	NA	NA	0.00	0.00
Midwest Diagnostic Pathology SC	Unsecured	201.00	NA	NA	0.00	0.00
Morris Mauer M.D S.C	Unsecured	2,825.00	NA	NA	0.00	0.00
Nicor Gas	Unsecured	0.00	317.13	317.13	0.00	0.00
Northwest Collectors	Unsecured	200.00	NA	NA	0.00	0.00
Presence Health	Unsecured	378.00	NA	NA	0.00	0.00
RMC Cardiology	Unsecured	82.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Snchnfin	Unsecured	200.00	NA	NA	0.00	0.00
Speedy Cash	Unsecured	1,329.99	NA	NA	0.00	0.00
Steven J Fink & Assoc PC	Unsecured	2,500.00	NA	NA	0.00	0.00
Superior Air Ground Ambulance Serv	Unsecured	976.50	NA	NA	0.00	0.00
Village Of Lakemoor	Unsecured	200.00	NA	NA	0.00	0.00
Village Of River Grove	Unsecured	200.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$27,692.33	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$3,668.17</u>	
Disbursements to Creditors	<u>\$0.00</u>	
TOTAL DISBURSEMENTS :		<u>\$3,668.17</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/25/2018

By: /s/ Marilyn O. Marshall

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.